

POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
JAMES E. BARLOW *
BRIAN C. ALTMILLER
ROBERT L. SCOTT, II
CYNTHIA K. NICHOLSON
R. EUGENE VARDELL *
THERESA B. VARDELL *

DEBRA G. SHOEMAKER, PH.D.**

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TEL: (703) 707-9110
FAX: (703) 707-9112
WWW.POSZLAW.COM**FACSIMILE TRANSMISSION**Date: 3/30/2006

Pages: 14 (including this page)

To: USPTO

From: Cynthia K. Nicholson

Fax No.: 571-273-8300

Subject: Amendment

Comments:

Applicant: Shindo

Serial No.: 10/757,986

Filing Date: 1/16/2004

Atty Dkt.: 12-039

Title: HOUSING FOR ELECTRONIC CIRCUIT

Attached please find:

- (1) Transmittal form;
- (2) Petition for Extension of Time (2 months);
- (3) Fee transmittal form; and
- (4) 10-page Amendment

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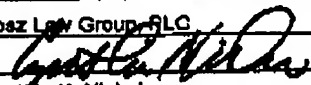
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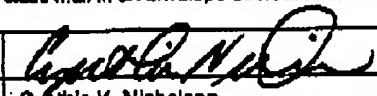
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/757,986
	Filing Date	1/18/2004
	First Named Inventor	SHINDO
	Art Unit	2835
	Examiner Name	Biju Indira CHANDRAN
Total Number of Pages in This Submission	Attorney Docket Number	12-039

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	30 March 2006	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	30 March 2006

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FEE TRANSMITTAL

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Application Number	10/757,986	
	Filing Date	1/16/2004	
	First Named Inventor	SHINDO	
	Examiner Name	Biju Indra CHANDRAN	
	Art Unit	2835	
TOTAL AMOUNT OF PAYMENT	(\$ 450	Attorney Docket No.	12-039

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	80	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=
HP = Highest number of total claims paid for, if greater than 20		
Indep. Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=
HP = Highest number of independent claims paid for, if greater than 3		


3. APPLICATION SIZE FEE

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is			\$	(\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).				
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEES

Non-English Specification,	\$130 fee (no small entity discount)	
Other, Petition for Extension of Time (2 months)		450

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,880	Telephone	(703) 707-8110
Name (Print/Type)	Cynthia K. Nicholson	Date	30 March 2006		

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